

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/367748

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.			IND.		DEP.			IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.		
1	/		/		/		51														
2	/		/		/		52														
3	/		/		/		53														
4	/		/		/		54														
5	/		/		/		55														
6	/		/		/		56														
7	/		/		/		57														
8	/		/		/		58														
9	/		/		/		59														
10	/		/		/		60														
11	/		/		/		61														
12	/		/		/		62														
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14	/		/		/		64														
15	/		/		/		65														
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41	/		/		/		91														
42	/		/		/		92														
43	/		/		/		93														
44	/		/		/		94														
45	/		/		/		95														
46	/		/		/		96														
47	/		/		/		97														
48	/		/		/		98														
49	/		/		/		99														
50	/		/		/		100														
TOTAL IND.			3		2		TOTAL IND.														
TOTAL DEP.			14		19		TOTAL DEP.														
TOTAL CLAIMS			17		21		TOTAL CLAIMS														

BEST AVAILABLE COPY